

TRANSMITTAL -- TELEPHONE AND UTILITIES

A IDENTIFICATION														
1 (Check One) (1) <input type="checkbox"/> Service Center <input type="checkbox"/> Single Agency		2 T/A CONTACT POINT (10)		3 DOCUMENT NUMBER (6)		4 ACTION CODE (1)		5 ACC. NUMBER (25) OR TELEPHONE NO. (10)			6A SUF-FIX (2)		6B BUILDING TYPE (1) (Check One) <input type="checkbox"/> Owned <input type="checkbox"/> Leased	
7 GSA GEOGRAPHICAL LOCATION CODE (9)				8 GSA GEOGRAPHICAL LOCATION CODE CORRECTION (9)				9 ACC. NO. (25) OR TELEPHONE NO. (10) CORRECTION				10 EFFECTIVE MONTH (2)		
B VENDOR								C SERVICE LOCATION						
11 NAME (35)								17 NAME (35)						
12 ADDRESS (35)								18 ADDRESS (35)						
13 CITY (20)				14 STATE (2)		15 ZIP CODE (5)		19 CITY (20)		20 STATE (2)		21 ZIP CODE (5)		
16. VENDOR IDENTIFICATION (9)														
D SERVICE DESCRIPTION														
22 TYPE SERVICE 1		23 ACTION CODE 1		24 SERVICE DATE 4		25 RATE TABLE 1		26 BILLING CYCLE 2		27 MAXIMUM BILL AMOUNT 12				
E MISCELLANEOUS														
28 STATE OR LOCAL TAX (1)		29 ANTICIPATED BILL ADJ. (7)		30 REFUNDABLE DEPOSITS (7)				31 CUSTOMER ID (8)						
F ACCOUNTING CLASSIFICATION														
FIN PROJ	CLASS CODE	STATE CHARGED	STATE WORKED	AREA	FIELD OFFICE		FIPS CITY CODE	PROJECT NUMBER			. SCS		FUND CODE	F/S UNIT
APPRN	STATE	ACCOUNT		FUNCTION	SUB-FUNCTION		SUB-UNIT	PROJECT NUMBER			. FS			
A 5		B 10		C 5 3		D 4		E 1 4 1 2			DIST RATIO 3		2	2
SIGNATURE								PHONE (Area Code and Number)			FTS COMM		DATE	

29. Explanation of Anticipated Bill Adj.